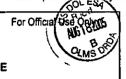
U S Degartment of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

· · · · · · · · · · · · · · · · · · ·	
1 File Number U-600-511	2 Fiscal Year Covered From
9494	1 / 1 / 2004 Through 12/31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Kim R Jackson	Name UNITE HERE
	Labor Organization File Number COO - 51
PO Box Bldg Room No If any UNITE-HERE	P O Box Building and Room Number if any
Street 243 Golden Gate Ave	Street 243 Golden Gate Avenue
City San Francisco	city San Francisco
State CA ZIP Code + 4 9410 Z	State CA ZIP Code + 4 94102 1
5 Position in labor organization Deputy Director, Strategie Affairs "	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
	hough the new row and antitudents and make the are the transfer and the antitudent and the transfer and
Name	
Name Trade Name if any	>
Trade Name if any	
	7 b Amount.
Trade Name if any	And a second control of the control
Trade Name if any  P O Box Bldg Room No if any  Street  City	And a second control of the control
Trade Name if any  PO Box Bldg Room No if any  Street	And a second control of the control
Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	7 b Amount.
Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	ature  Perjury and other applicable penalties of the law that all of the information ring documents) has been examined by the signatory and is to the best of the

Name of Person Filing Kim R. Jackson	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name GESD Capital Partners	
Trade Name if any	a Labor Organization
PO Box Bldg Room No If any	c Employer
Street 221 Main Street, Suite 1450	
aw San Francisco,	
State GA ZIP Code + 4 94/02	
_10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Assistant Trustee of
Trade Name if any	Local 340, San Mateo Gunty California
PO Box Bidg Room No If any	California
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	Holiday Food Gift Basket
	mass and on as 1974 type the events. Sping has taken appropriate and spindlaghed an elementary comment.
	12 b Amount \$121220
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment
(including trade name if any)	
Name	* **
Trade Name if any	
PO Box Bldg Room No If any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment
Form I M-30 (2003)	